

Town of East Hampton
Affidavit of Domestic Partnership

STATE OF NEW YORK }
COUNTY OF SUFFOLK } ss:

1. I, _____, and _____

Currently share a primary residence and intend to do so indefinitely at:

_____.

2. We affirm that the effective date of this domestic partnership is _____.

3. We are not married to anyone.

4. We are at least eighteen (18) years old.

5. We are not related by blood closer than would bar marriage in the State of New York and are competent to enter into a contract.

6. We are each other's sole domestic partner and intend to remain so indefinitely. We are in a relationship of mutual support, caring and commitment and are responsible for each other's welfare.

7. We agree to notify the Town of East Hampton if there is any change by filing an amended Affidavit or Statement of Termination of Domestic Partnership. Such termination statement shall be on a form provided by the Town of East Hampton and shall affirm under penalty of perjury that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

8. After such termination we understand that another Affidavit of Domestic Partnership cannot be filed until six (6) months after a statement of termination of the previous partnership has been filed with the Town.

9. We understand that any person/employer/company who suffers any loss because of a false statement contained in an Affidavit of Domestic Partnership may bring a civil action against us to recover their losses, including reasonable attorney's fees.

10. We hereby certify under penalty of perjury under the laws of the State of New York that the statements above are true and correct.

Name (Print) _____ Name (Print) _____

Signature _____ Signature _____

Address _____ Address _____

Telephone _____ Telephone _____

Sworn to before me this _____ day of

_____, 2003

Sworn to before me this _____ day of

_____, 2003

Notary Public

Notary Public